



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City



TWENTIETH CONGRESS
First Regular Session
House Bill No. **8732**

Introduced by REP. SHIRLYN BAÑAS-NOGRALES

EXPLANATORY NOTE

Snakebite envenoming is a life-threatening medical emergency and is classified by the World Health Organization (WHO) as a high-priority Neglected Tropical Disease (NTD). In the Philippines, a country with rich biodiversity and a predominantly agricultural economy, the risk of snakebites is an occupational hazard for our farmers, fisherfolk, and indigenous peoples living in rural and remote areas.

Currently, the availability of purified cobra antivenin (PCAV) and other species-specific antivenoms is critically limited. Supply is often centralized at the Research Institute for Tropical Medicine (RITM) in Metro Manila or select major medical centers. This centralization creates a "distance penalty" for victims in the provinces. In cases of envenomation, the window for effective treatment is narrow; delays caused by transporting a patient to the capital or transporting the medicine to the province often result in preventable amputations, permanent disability, or death.

Furthermore, recent climate irregularities and encroachment into wildlife habitats have led to increased human-animal conflict, making snakebites a more frequent occurrence in regions previously considered low-risk.

This Bill seeks to mandate the stockpiling of appropriate antivenom in all Department of Health (DOH)-retained Regional Hospitals. It aims to decentralize the supply chain, ensuring that life-saving antidotes are accessible within a reasonable travel time for every Filipino, regardless of their geographic location. This measure is consistent with the State's policy to protect the right to health and the mandate of the Universal Health Care Law to provide equitable access to health products.

In view of the foregoing, the immediate passage of this bill is earnestly sought.


SHIRLYN L. BAÑAS-NOGRALES
Lone District of General Santos



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AN ACT
MANDATING THE STOCKPILING AND ACCESSIBILITY OF ANTIVENOM IN ALL
REGIONAL HOSPITALS AND MEDICAL CENTERS, APPROPRIATING FUNDS
THEREFOR, AND FOR OTHER PURPOSES

Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

SECTION 1. Short Title. — This Act shall be known as the “**Antivenom Accessibility Act.**”

SECTION 2. Declaration of Policy. — It is the policy of the State to protect and promote the right to health of the people and instill health consciousness among them. The State recognizes that snakebite envenoming is a neglected public health issue that disproportionately affects the poor and the agricultural sector. The State hereby guarantees the timely availability of life-saving antivenom in strategic locations across the archipelago to prevent death and disability.

SECTION 3. Definition of Terms. — For the purposes of this Act, the following terms are defined:

- **(a) Antivenom:** A biological product used in the treatment of venomous bites or stings.
- **(b) Regional Hospitals:** All Level 3 general hospitals and medical centers retained by the Department of Health (DOH) located in the various administrative regions of the Philippines.
- **(c) RITM:** The Research Institute for Tropical Medicine.

SECTION 4. Mandatory Stockpiling. — All DOH-retained Regional Hospitals and Medical Centers are hereby mandated to maintain a minimum stock of antivenom, including but not

limited to Purified Cobra Antivenin (PCAV) and other polyvalent antivenoms appropriate for the venomous species indigenous to their specific geographic region.

The quantity of the stockpile shall be determined based on the historical prevalence of snakebite cases in the region, subject to annual review by the Regional Health Office.

SECTION 5. Procurement and Production. — The DOH shall provide additional funding and technical support to the RITM to scale up the production of locally manufactured antivenoms to meet the requirements of this Act.

SECTION 6. Clinical Practice Guidelines and Training. — The DOH, in coordination with the RITM and relevant medical societies, shall:

- (a) Formulate and disseminate standard Clinical Practice Guidelines (CPG) for the management of snakebites.
- (b) Conduct regular training for emergency room physicians, nurses, and rural health workers in Regional Hospitals on the proper diagnosis of envenomation and the administration of antivenom.

SECTION 7. Inventory Management and Referral System. — A digital inventory system shall be established to monitor the expiry and stock levels of antivenom in real-time. Regional Hospitals shall serve as the primary hubs for antivenom, accepting referrals from district hospitals and rural health units (RHUs). A clear referral protocol shall be established to ensure rapid transfer of patients requiring antivenom administration.

SECTION 8. Appropriations. — The amount necessary for the initial implementation of this Act shall be charged against the current year's appropriations of the DOH. Thereafter, such sums as may be necessary for the continuous stockpiling, production support, and training shall be included in the annual General Appropriations Act (GAA).

SECTION 9. Implementing Rules and Regulations (IRR). — Within sixty (60) days from the effectivity of this Act, the Secretary of Health shall, in consultation with the RITM and other stakeholders, promulgate the necessary rules and regulations for the effective implementation of this Act.

SECTION 10. Separability Clause. — If any provision of this Act is declared invalid or unconstitutional, the remaining provisions not affected thereby shall continue to be in full force and effect.

SECTION 11. Repealing Clause. — All laws, decrees, executive orders, rules, and regulations inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SECTION 12. Effectivity. — This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,